


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 29, 2008 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # L06000101985 1. Entity Name 4201 N.W. 37TH AVENUE, LLC |  |
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|---|---|
| Principal Place of Business 6013 JOHNSON STREET HOLLYWOOD, FL 33024 | Mailing Address 6013 JOHNSON STREET HOLLYWOOD, FL 33024 |
|---|---|



07092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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|--|---------------------------------------|
| 4. FEI Number 20-5853951 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GARCIA, DOMINGO 6013 JOHNSON STREET HOLLYWOOD, FL 33024 |
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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

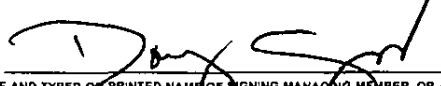
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARCIA, DOMINGO 6013 JOHNSON STREET HOLLYWOOD, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM QUIJANO, JOSE 6013 JOHNSON STREET HOLLYWOOD, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARCIA, JESUS 6013 JOHNSON STREET HOLLYWOOD, FL 33024 |
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07/29/08-80003-001 143.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #